PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FO	D LITH ITV AD	Attorney Docke	et Number	4531.002		
DECLARATION FO		First Named Inv	ventor	John Troy	Walker	
PATENT APPL	· ·	cc	COMPLETE IF KNOWN			
	(37 CFR 1.63)		nber			
XX Declaration Declaration		Filing Date				
Submitted OR with Initial	Submitted OR Submitted after Initial	Group Art Unit				
Filing	(37 CFR 1.16 (e)) required)	Examiner Name)			
As a below named inventor, I he						
My residence, mailing address, an	•	d helow next to my nam	ıe.			
I believe I am the original, first and				first and ioint invento	r (if plural	
names are listed below) of the sub						
METHOD, APPARAT						
BASED ON THE FI				INFORMALIC	/10	
the appointment of which	(Title of the	e Invention)				
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/YYYY)		as United St	ates Application	on Number or PCT Ir	ternational	
Application Number	and was ar	mended on (MM/DD/YY)	m		(if applicable).	
I hereby state that I have reviewed amended by any amendment spec			ified specifical	tion, including the cla	ims, as	
I acknowledge the duty to disclose in-part applications, material inform	information which is mat	terial to patentability as	defined in 37 (CFR 1.56, including f	or continuation-	
PCT international filing date of the	continuation-in-part appli	ication.				
I hereby claim foreign priority beno or plant breeder's rights certificate than the United States of Americ	e(s), or 365(a) of any PC	9(a)-(d) or (t), or 365(b) CT international application and applications of the state of the sta	of any foreigr	i application(s) for pa signated at least on the box, any foreign	e country other	
patent, inventor's or plant breeder application on which priority is clair	's rights certificate(s), or	any PCT international	application ha	aving a filing date be	fore that of the	
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claime	. 1	by Attached?	
reuniber(s)	- Canay	(MM/DD/YYYY)	, vot Classife	d YES	NO NO	
			H		H	
			H		T I	
			一			
Additional foreign application	numbers are listed on a s	supplemental priority dat	ta sheet PTO/	SB/02B attached her	reto:	

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

	Direct all correspondence to: XXX Customer Num or Bar Code La				OR C	orrespondence address below
	Name		2732 PATENT TRADEMA		CE	
	Name					
	Address					·
	City			State	9	ZIP
	Country	Гејер	hone			Fax
C. I'l	I hereby declare that all statements made herein of m are believed to be true; and further that these statem made are punishable by fine or imprisonment, or both validity of the application or any patent issued thereon.	ients i, und	were made with	i the k	nowledge that willful:	false statements and the like so
fire.	NAME OF SOLE OR FIRST INVENTOR :		A petition h	as be	en filed for this ur	signed inventor
CHANTE	Given Name (first and middle [if any]) John Troy	1 dility (valie				
or other	Inventor's Signature					Date
1 16 1 13	Residence: City Melbourne		State FL		Country USA	Citizenship USA
CHE CH	Mailing Address 200 East Sherida	an .	Road, Su	ite	В	
i carrie	City Melbourne		State FL		ZIP 32901	Country USA
	NAME OF SECOND INVENTOR:]	A petition has	s bee	n filed for this unsi	gned inventor
	Given Name (first and middle [if any]) Dennis				y Name rname De	urelle
	Inventor's Signature					Date
	Residence: City Melbourne	s	State FL		Country USA	Citizenship USA
	Mailing Address 200 East Sheridar	ı R	oad, Sui	te	В	
	City Melbourne		State FL	Z	ZIP 32901	Country USA
	Additional inventors are being named on the	supp	lemental Additio	nal Inv	ventor(s) sheet(s) PTO	/SB/02A attached hereto.

Please type	a plus sign	+) inside this box	

Please type a plus sign (+) inside this box —— PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3__ of 3_

	Name of Additional Joint Inventor, if an	y:		A petition	n has been file	ed for th	is unsigned inventor
	Given Name (first and middle [if any])				Family Nar	ne or Su	ımame
	Gilbert			Russel	11	·	
	Inventor's Signature						Date
	Residence: City Melbourne	State FL		Country	USA		Citizenship USA
	Mailing Address 104 S. Harbor Ci	ty Blvd	•	 		 -	
	Mailing Address						
I	City Melbourne	State FL		ZIP 3	32901	Country	USA
	Name of Additional Joint Inventor, if an	y:		A petition	has been filed	d for this	s unsigned inventor
L L	Given Name (first and middle [if any]))			Family Nar	ne or Su	urname
The Man	Brian		Wetzel				
i C	Inventor's Signature						Date
100	Residence: City Melbourne	State FL		Country USA			Citizenship USA
	Mailing Address 104 S. Harbor E	Blvd.					
	Mailing Address						
	City Melbourne	State FL		ZIP 3	32901	Cour	ntry USA
	Name of Additional Joint Inventor, if ar	ıy:		A petition h	nas been filed	for this	unsigned inventor
	Given Name (first and middle [if any])	·			Family	Name o	r Surname
	Timothy		Yandel1				
Inventor's Signature Date				Date			
	Residence: City Melbourne	State FL		Country	USA		Citizenship USA
	Mailing Address 104 S. Harbor	Blvd.					
	Mailing Address			T		 	
	City Melbourne	State FL		ZIP	32901	Co	untry USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box		
- isate type typic sign () make the tall	Approved	PTO/SB/81 (02-01) for use through 10/31/2002 OMB 0651-0035
Under the Paperwork Reduction Act of 1995, no persons are required to re	U.S. Patent and Trademark	Office: U.S. DEPARTMENT OF COMMERCE
	Application Number	
	Filing Date	
	First Named Inventor	John Troy Walker
POWER OF ATTORNEY OR	Title	authenticating fingerprint
AUTHOR!ZATION OF AGENT	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	4531.002
I hereby appoint:		
Practitioners at Customer Number 2	27325	- Municenser Grade
OR		Label here
Practitioner(s) named below:		Z/3Z3
Name	Reg	gistration Number
<u> </u>		
The state of the s		_
as my/our attomey(s) or agent(s) to prosecute the business in the United States Patent and Tradema		
Please change the correspondence address for the		
The above-mentioned Customer Number	•••	
OR		Place Customer Number Bar Code
OR Practitioners at Customer Number OR		Label here
F OR		
Individual Name		
Address		
Address		
City	State	Zip
Country	For	
Telephone I am the:	Fax	
Applicant/Inventor.		
<u>κα</u> γφριοαποπνοποι.		
Assignee of record of the entire interest. Se		
Statement under 37 CFR 3.73(b) is enclose		
SIGNATURE of Applica	ant or Assignee of Record	
Name John Troy Walker		
Signature		
Date		
NOTE: Signatures of all the inventors or assignees of record of the forms if more than one signature is required, see below*.	e entire interest or their represe	entative(s) are required. Submit multiple

Burden Hour Statement This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

☐ *Total of

____forms are submitted.

Please type a plus	s sign (+) inside this box			
		U.S. Patent and Trademark	PTO/SB/81 (02-01) for use through 10/31/2002 OMB 0651-0035 (Office; U.S. DEPARTMENT OF COMMERCE in unless it display a valid OMB control number.	
		Application Number)
		Filing Date		_
		First Named Inventor	John Troy Walker	-
POWER	OF ATTORNEY OR	Title	authenticating find	ernrints
AUTHOR	ZATION OF AGENT	Group Art Unit	auditemore a oring - rank	7
		Examiner Name		
		Attorney Docket Number	4531.002	ブ
I hereby app	oint:			
xx Practition OR	oners at Customer Number	27325	Label here	
Practitio	ner(s) named below:		Z/3Z3	
	Name	Red	gistration Number	
	<u> </u>			
4				
	mey(s) or agent(s) to prosecute to United States Patent and Trade			
<u></u>	the correspondence address for			
The above	e-mentioned Customer Number.			
OR		*** *** *** **************************	Place Customer	1
	ers at Customer Number		Number Bar Code Label here	
OR				_
Firm or Individual N	lama			
Address	lattie			
Address				
City		State	Zip	
Country				
Telephone		Fax		
I am the:				
Applicat	nt/Inventor.			1
		0 07 055 074		
	ee of record of the entire interest. ent under 37 CFR 3.73(b) is enclo			
Otatom		icant or Assignee of Record	i	
Name	Dennis Deurelle			
				1
Signature				-
Date		G		4
forms if more than one	all the inventors or assignees of record of signature is required, see below*.	the entire interest of their repres	entauve(s) are required. Submit multiple	

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

__forms are submitted.

☐ *Total of

Please type a plus sig	gn (+) inside this box		DTO/CD/04 /02 04)
-		Approved U.S. Patent and Trademark	PTO/SB/81 (02-01) for use through 10/31/2002 OMB 0651-0035 (Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduc	ction Act of 1995, no persons are required to	respond to a collection of information	c Office; U.S. DEPARTMENT OF COMMERCE in unless it display a valid OMB control number.
		Application Number	
		Filing Date	Tolon Maore Wallace
DOWED C	F ATTORNEY OR	First Named Inventor	John Troy Walker
	ATION OF AGENT	Title	authenticating finger rints
AUTHOR:2	ATION OF AGENT	Group Art Unit	
		Examiner Name	4531.002
		Attorney Docket Number	4331.002
l hereby appoir	nt:	<u>, , , , , , , , , , , , , , , , , , , </u>	
×x Practitions	ers at Customer Number	27325	Plant Control
OR			Label here
Practitione	er(s) named below:		DATENT TRADEWARK OFFICE
	Name	Re	gistration Number
	·		
0			
	ey(s) or agent(s) to prosecute the Inited States Patent and Trader		
	ne correspondence address for		
The above-n	nentioned Customer Number.		
OR			Place Customer
Practitioners	at Customer Number		Number Bar Code Label here
OR			Edder Noro
OR Practitioners OR Individual Nam	ne		Ì
Address			
Address			
City		State	Zip
Country Telephone		Fax	
I am the:		1197	
Applicant/	Inventor.		
	of record of the entire interest. It under 37 CFR 3.73(b) is enclo		
		cant or Assignee of Record	d
Name	Gilbert Russell		
oignature i			
Signature Date			

forms are submitted.

□ *Total of

Please type a plus Under the Paperwork Re-	• • • •	, L.J	ILS Patent and Tradema	PTO/SB/81 (02- d for use through 10/31/2002 OMB 0651-00 rk Office; U.S. DEPARTMENT OF COMMER on unless it display a valid OMB control num	035 RCE
			Application Number Filing Date		
			First Named Inventor	John Troy Walker	
1		TTORNEY OR	Title .	authenticating fin	<u>ger</u> prints
AUTHOR!ZATION OF AGENT	Group Art Unit				
		Examiner Name	4531.002		
			Attorney Docket Number		
OR	oners at (Customer Number	27325 ——	Place Curron is Number than Code Label here 27325	
	1101(3)110	Name	Re	egistration Number	
		agent(s) to prosecute the			
Please change The above	the corre	espondence address for the ned Customer Number.		·	
	ame				
Address					
Address City			State	Zip	
Country			<u> </u>		
Telephone			Fax		
	e of reco	or. rd of the entire interest. Se 37 CFR 3.73(b) is enclose			
		SIGNATURE of Applica		rd	7
Name	Bri	an Wetzel			
Signature					
Date					
NOTE: Signatures of al	I the inven	tors or assignees of record of the	entire interest or their repre-	sentative(s) are required. Submit multip	ple

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

forms if more than one signature is required, see below*.

forms are submitted.

Please type a plus sign (+) inside this box		
	Approved for	PTO/SB/81 (02-01) use through 10/31/2002 OMB 0651-0035
Under the Paperwork Reduction Act of 1995, no persons are required to re	U.S. Patent and Trademark Of	fice; U.S. DEPARTMENT OF COMMERCE
	Application Number	
	Filing Date	
		John Troy Walker
POWER OF ATTORNEY OR		uthenticatng fingerprints
AUTHORIZATION OF AGENT	Group Art Unit	deliencicating ringerprines
7,011,011,27,11,011,011,11	Examiner Name	
		4531.002
I hereby appoint:		
		Place Curiower
	7325	
OR		27325
Practitioner(s) named below:		PATENT, TRADEMARY OFFICE
Name	Regis	tration Number
as my/our attorney(s) or agent(s) to prosecute the		
26		
as my/our attomey(s) or agent(s) to prosecute the		
business in the United States Patent and Tradema	ark Office connected therev	with.
Please change the correspondence address for the	e above-identified applicati	on to:
The above-mentioned Customer Number.	,	
OR Practitioners at Customer Number		Place Customer Number Bar Code
Practitioners at Customer Number		Label here
OR		
Firm or Individual Name		
Address		
Address		
City	State	Zip
Country		
Telephone	Fax	
I am the:		
xx Applicant/Inventor.		
Assignee of record of the entire interest. Se		
Statement under 37 CFR 3.73(b) is enclose	ed. (Form PTO/SB/96).	
SIGNATURE of Applica	ant or Assignee of Record	
Name Timothy Yandell		
Signature		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

forms are submitted.

☐ *Total of